

Print Form

Approved for use through 12/31/2008 OMB US 10206  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	11574436
	<b>Filing Date</b>	April 5, 2006
	<b>First Named Inventor</b>	Tim Chang-Wai Chung
	<b>Title</b>	Substituted Promoters-in-Interest of Advertisers Receipts
	<b>Art Unit</b>	1624
	<b>Examiner Name</b>	Wendell R. Berman
	<b>Attorney Docket Number</b>	PG0097

I hereby revoke all previous powers of attorney given in the above-identified application.

<input type="checkbox"/>	A Power of Attorney is submitted herewith	
<b>OR</b>		
<input checked="" type="checkbox"/>	I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith	46155
<b>OR</b>		
<input type="checkbox"/>	I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith	
	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to

<input type="checkbox"/>	The address associated with the above-mentioned Customer Number	
<b>OR</b>		
<input checked="" type="checkbox"/>	The address associated with Customer Number	46155
<b>OR</b>		
<input type="checkbox"/>	Firm or Individual Name	
Address		
City		
Country		
Telephone		Email

I am the  
☐ Applicant/Inventor  
**OR**

☒ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) (Form PTO/SB/56) submitted herewith or filed on \_\_\_\_\_

SIGNATURE OF Applicant or Assignee of Record		
Signature	<u>Laura McDonald</u>	Date
Name	Laura McDonald	Telephone
Title and Company		
Head of Licensing, Leiden University Research and Innovation Services		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ \*Total of 2 forms are submitted

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FFES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2